



**OFFICE OF PROFESSIONAL REGULATION  
OF THE SUPREME COURT  
APPLICATION FOR REGISTRATION AS IOWA HOUSE COUNSEL**

[To be filed by Domestic Lawyers only – Foreign Lawyers must file the foreign-licensed attorney application with the National Conference of Bar Examiners (NCBE). The link to the NCBE application may be found here: <http://www.ncbex.org/character-and-fitness/jurisdiction/ia>]

**INSTRUCTIONS**

**READ BEFORE YOU BEGIN THIS FORM**

**1) THREE OPTIONS AVAILABLE FOR COMPLETING THIS FORM:**

- a. **USING ADOBE ACROBAT:** If you have Adobe Acrobat (not Adobe Reader) you can complete and save your application on your computer in order to work at your own pace. Before you begin completing the application, you must save the file to a specific destination on your computer to enable you to complete the form in more than one sitting. If you do not do so, all information will be lost and you will be required to complete the form each time you open the link.
- b. **USING ADOBE READER:** If you have Adobe Reader, YOU MAY NOT SAVE YOUR APPLICATION ELECTRONICALLY. Due to limitations in the FREE Adobe Reader, you will not be able to save the application with entries included. For this reason, you should be prepared to fill out the application in its entirety before you begin. Once you fill out the application, you will be allowed to print it, but will not be allowed to save it. Note, as soon as you close the document, all information entered into the form will be lost. If you do not have Adobe Reader, click here (<http://get.adobe.com/reader/>) to download the latest version of Adobe Reader.
- c. **PRINT AND HANDWRITE THE FORM:** If you do not have either Adobe Acrobat or Adobe Reader, you may print this document and fill it out by hand.

**2) FILING THE APPLICATION:** Once you have completed the form, double check to make sure that all fields are filled in. Print the completed form. Then, sign at the required fields in the presence of a notary public. Finally, mail or hand-deliver the completed application and the required fee to the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319

**3) FEE:** Each applicant must remit a nonrefundable application fee of eight hundred dollars (\$800) in the form of a check or money order payable to the "Iowa Board of Law Examiners." See Iowa Ct. R. 31.16(2)(c) .

**~ DO NOT INCLUDE THIS PAGE WITH YOUR APPLICATION ~**

## HOUSE COUNSEL CHECKLIST

Please utilize this checklist to ensure all components of your application are complete.  
This checklist is for your use only and should not accompany your completed application.

- ☐ **ENCLOSE COMPLETED HOUSE COUNSEL APPLICATION**
- ☐ **DOCUMENTS PROVING ADMISSION TO PRACTICE LAW AND CURRENT GOOD STANDING IN ALL JURISDICTIONS IN WHICH THE LAWYER IS ADMITTED TO PRACTICE LAW**
- ☐ **ENCLOSE THE NONREFUNDABLE \$800 FEE (PAYABLE TO THE BOARD OF LAW EXAMINERS)**
- ☐ **A CERTIFICATE FROM THE DISCIPLINARY AUTHORITY OF EACH JURISDICTION OF ADMISSION STATING THAT THE LAWYER HAS NOT BEEN SUSPENDED, DISBARRED, OR DISCIPLINED AND THAT NO CHARGES OF PROFESSIONAL MISCONDUCT ARE PENDING; OR THAT IDENTIFIES ANY SUSPENSIONS, DISBARMENTS, OR OTHER DISCIPLINARY SANCTIONS THAT HAVE BEEN IMPOSED UPON THE LAWYER, AND ANY PENDING CHARGES, COMPLAINTS, OR GRIEVANCES**
- ☐ **AN AFFIDAVIT FROM AN OFFICER, DIRECTOR, OR GENERAL COUNSEL OF THE EMPLOYING ENTITY ATTESTING TO THE GUIDELINES AS STATED IN IOWA CT. R. 31.16(2)(g)**
- ☐ **AN AFFIDAVIT FROM THE APPLICANT ATTESTING TO THE GUIDELINES AS STATED IN IOWA CT. R. 31.16(2)(h)**
- ☐ **KEEP A COPY OF THIS COMPLETED APPLICATION FOR FUTURE REFERENCE**
- ☐ **MAIL OR HAND-DELIVER THE COMPLETED APPLICATION TO:**
  - Office of Professional Regulation  
Judicial Branch Building  
1111 East Court Avenue  
Des Moines, IA 50319

**~ DO NOT INCLUDE THE CHECKLIST WITH YOUR APPLICATION ~**

**OFFICE OF PROFESSIONAL REGULATION**  
**APPLICATION FOR REGISTRATION OF HOUSE COUNSEL**

**The contents of Sections A and B of the application will be public information subject to the limitations of Iowa Code section 602.10141.**

Type all information on the online form or handwrite the information on a printed form. If any answer exceeds the space on the form, you may add a separate page as an attachment. Submit all attachments with this form. File completed form with the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319. Enclose application fee as a check or money order in the amount of \$800 made payable to "Board of Law Examiners." This fee is not refundable. All applicants **MUST** review the INSTRUCTIONS at the beginning of this form.

## SECTION A

1. **FULL NAME:** \_\_\_\_\_  
Last First Middle
2. **NAME AS IT SHOULD APPEAR ON CERTIFICATE OF REGISTRATION:**  
\_\_\_\_\_
3. **MAILING ADDRESS:** \_\_\_\_\_  
Street Address or P.O. Box Number  
  
City State Zip Code
4. **CONTACT TELEPHONE NUMBER:** \_\_\_\_\_
5. **CONTACT EMAIL ADDRESS:** \_\_\_\_\_
6. **EMPLOYER NAME:** \_\_\_\_\_
7. **EMPLOYER MAILING ADDRESS:** \_\_\_\_\_  
Street Address or P.O. Box Number  
  
City State Zip Code

## SECTION B—REQUIRED DOCUMENTS AND APPLICATIONS

8. **ADMISSION TO PRACTICE:** List all jurisdictions in which you have been fully admitted to practice and give the date of admission to each. Use additional sheets if necessary.

JURISDICTION	DATE OF ADMISSION (MO/YR)

9. **CERTIFICATE(S) OF GOOD STANDING:** Applicants admitted in other jurisdictions **MUST** submit from each state a current certificate of good standing. Normally the Clerk of Supreme Court in the admitting jurisdiction can provide this.

My certificate(s) of good standing:

☐ is/are included with this application.

10. **EMPLOYER AFFIDAVIT:** Applicants **MUST** submit an affidavit from an officer, director, or general counsel of the employing entity attesting to the items contained within Iowa Ct. R. 31.16(2)(g).

My employer affidavit:

☐ is included with this application.

11. **PERSONAL AFFIDAVIT:** Applicants **MUST** submit a personal affidavit attesting to the items contained within Iowa Ct. R. 31.16(2)(h).

My affidavit:

☐ is included with this application.

**SECTION C: CONFIDENTIAL**

12. **SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Providing your social security number is voluntary, pursuant to the Federal Privacy Act of 1974. However, providing it assists in expediting the character review process. Your social security number will be used for purposes of investigation and verification, so as to avoid errors of identity which might introduce problems and delays into the certification and licensure process.

13. **OTHER EMAIL ADDRESS:** \_\_\_\_\_

14. **DATE OF BIRTH:** \_\_\_\_\_

15. **DRIVER'S LICENSE:** \_\_\_\_\_  
State Number

16. **RESIDENCE ADDRESS:** \_\_\_\_\_  
Street Address or P.O. Box Number

\_\_\_\_\_  
City State Zip Code

17. \_\_\_\_\_ **FRAUD:** Have you ever, under any circumstances not explained elsewhere on this  
**Yes/No** form, been accused of fraud?

If YES, give complete details below (or on an **ATTACHED** sheet), including the dates.

18. **LEGAL DISCIPLINE:**

\_\_\_\_\_ Have you ever been disbarred, suspended from practice, reprimanded,  
**Yes/No/ N/A** censured, or otherwise disciplined?

\_\_\_\_\_ Have any complaints or charges, formal or informal, including any now pending,  
**Yes/No/ N/A** ever been made or proceedings instituted against you?

\_\_\_\_\_ Have you ever appeared, formally or informally, before a grievance or other  
**Yes/No/ N/A** similar committee of any bar association or other law group?

If you answered **YES** to any of the foregoing three questions, give full details, including the date of the charge, the nature of the charge, the facts, the disposition of the matter and the name and mailing address of the person in possession of the records thereof.

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19. \_\_\_\_\_ **CRIMINAL PROCEEDINGS:** Have you ever been arrested, cited for, or charged with a  
Yes/No felony criminal offense or a delinquent act that would have been a felony if committed  
by an adult?

If **YES**, provide a complete and detailed explanation of each occurrence. Use an attached sheet if necessary. Include in the chart below the date of the arrest or charge, the arresting agency, the nature of the charge, the name and location of the court, and the disposition.

**NOTE:** You must disclose **EVERY** occurrence even if the charge was dismissed, you pled guilty to a lesser offense, the judgment was deferred, or the record was sealed or expunged, etc.

[illegible]

<b>SECTION D</b>
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STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Under penalty of perjury, I do hereby make the foregoing application. I have read the questions and have answered them completely and truthfully. I have not omitted any information that might have a bearing on my application. I understand that if any changes occur after the application is filed which affect my answers, I must amend my application in writing to the Office of Professional Regulation. I understand that this is a continuing obligation throughout the pendency of my application, and that any inaccurate, misleading, or incomplete statements, or any failure to update promptly any aspect of this application, may result in denial of this application and other disciplinary sanctions.

I certify the following (please initial):

\_\_\_\_\_ I have read and understand the provisions contained within Iowa Court Rule 31.16 related to the scope of my authority as registered house counsel.

\_\_\_\_\_ I understand that it is my obligation to inform the Office of Professional Regulation in writing if my employment with the employer listed in this application terminates.

\_\_\_\_\_ I understand that my rights and privileges under rule 31.16 will automatically terminate when any of the following occur:

- My employment with the employer listed in this application terminates.
- I am suspended or disbarred from practice in any jurisdiction, United States or freeing, or any court or agency before which I am admitted, or
- I no longer maintain active status in at least one non-Iowa jurisdiction, United States or foreign.

I agree to furnish such further information as may be required by the Office of Professional Regulation to complete its investigation.

I hereby designate the Clerk of the Supreme Court as my agent for service of process in Iowa for all purposes.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public for

State of \_\_\_\_\_

## RELEASE

I, \_\_\_\_\_, authorize the Office of Professional Regulation and its agents or representatives to acquire from any source, any information they may request concerning my professional, academic, and character qualifications, which information may include without limitation, confidential reports, files, records, documents, and transcripts of any type of civil, criminal, disciplinary, or administrative action or proceeding.

I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to receive a copy of any character report submitted on me or to know its contents.

I also authorize and request every person, firm, company, corporation, governmental agency, court, bar association, law enforcement agency, medical facility, or other institution having control of any documents, records, and other information pertaining to me, to furnish to the Office of Professional Regulation or their agents or representatives, any such information, including documents, records, medical files, and bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data.

I further authorize the National Conference of Bar Examiners, or other reporting agency, to submit to the Office of Professional Regulation its character report on me, and I fully understand and agree that I shall not have access to said report or to any other confidential reports and other information, except as the Supreme Court of Iowa or the Iowa Board of Law Examiners shall permit.

I hereby release, discharge, and exonerate the Office of Professional Regulation, the National Conference of Bar Examiners, all other bar associations and any other persons furnishing information, and their agents, members, and representatives, from any and all liability of every nature and kind, in connection with the investigation into my background, the furnishing or inspection of files, documents, records, and reports relating to my character and other qualifications for admission to the Iowa State Bar and the submission of a character report on me.

I acknowledge that I have read and am aware of the contents of the relevant Statutes of the Iowa Code, the Supreme Court Rules for Admission to the Iowa Bar, and the Iowa Rules of Professional Conduct.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, deposes and states: I am the person above named. The above signature was written by my own hand. My answers to the foregoing questions are full, true, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public for  
the State of \_\_\_\_\_

## RELEASE

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I acknowledge that I have read and am aware of the contents of the relevant Statutes of the Iowa Code, the Supreme Court Rules for Admission to the Iowa Bar, and the Iowa Rules of Professional Conduct.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, deposes and states: I am the person above named. The above signature was written by my own hand. My answers to the foregoing questions are full, true, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public for  
the State of \_\_\_\_\_



# STATE OF IOWA

## Criminal History Record Check

### Request Form



DCI Account Number: Office of Professional Regulation  
(if applicable)

**To: Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
**215 E. 7<sup>th</sup> Street**  
**Des Moines, Iowa 50319**  
**(515) 725-6066**  
**(515) 725-6080 Fax**

**From: Office of Professional Regulation**  
**Judicial Branch Building**  
**1111 E. Court Avenue**  
**Des Moines, IA 50319**

**Phone: 515.348.4670**

**Fax: 515.348.4698**

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature:** \_\_\_\_\_

## Iowa Criminal History Record Check Results

(DCI use only)

As of \_\_\_\_\_, a search of the provided name and date of birth revealed:

☐

No Iowa Criminal History Record found with DCI

☐

Iowa Criminal History Record attached, DCI # \_\_\_\_\_

DCI initials \_\_\_\_\_